MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94,0

04868 62 Reg. Dist. No.

	The state of the s
1. PLACE OF DEATH: Carolina County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fig. newborn infants give residence of mother)
City or town	State Manual County Card County
How long in above place of death?	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Klure Be	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Jo: married	20. DATE OF DEATH / Sine 29 1947 at 6 364 M
8.(b) Name of husband or wife Stallie Best.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give age 74 years	Dic 10 45, to June 29 19 47
7. Birth date of deceased (mo., day, yr.) Keleuace, 10 9 1868	and that I last saw hat alive on 1947
8. AGE: Years Months Day If less than one day	Immediate cause of death DURATION
3 /9hrsmin.	Coronary Ocherosia 30000.
9. Birtholace Near Deuton	Due to.
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Jasiale G. Seck 13. Birthplace Tursesless.	Other conditions leaves all years (11 thanks)
7 -18/1/8	(Include pregnancy within 3 months of death)
14. Malden name. Man	Major findings of operations
15. Birthplace	Date of op.
16, Informant	Autopsy results
Address Ad Deulaus Mig.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or refleval. Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Decelous senders	Where did injury occur?
Location Deutsie and	Injured at home, farm, Industry, public place (where?)
19. Funeral director Pliegil Music 4 Sou	Means of Injury Injured at work?
Address / Westre M14	1, 4
1100	23. SIGNATURE AMADEM O PROSE
19. (Date ree'd by registrar) 19 4) May Da Jung Cl	Address Dutas Ind Bate signed 6/29/147

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MARYLAND STATE DEPARTMENT OF HEALTH

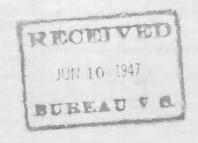
2411 N. Charles St., Baltimore

93a

CERTIFICATE OF DEATH

Reg. Diat. No. 6

1. PLACE OF DEATH: County	City or town (If outside city or town limits, write RULAL and give nearest town) Street No. 2. (If realized to the city of th
3. (a) FULL NAME	3. (b) Social Security Number
George Edward Grow	n lost.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDIGAL CERTIFICATION
male a.a. married	20. DATE OF DEATH. June 4 19.47 91 9P
6, (b) Name of husband or wife Henritta Brown	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
60 and Resource	19, to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Oleant 1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	
about 61 hrs. min.	
9. Birthplace The County agriculty agriculture (County agriculture)	Due to Coute Myseachetis . Ly
1B. Usual occupation. La alsaes	Due to.
11. Industry or business Jane as alrow	•
= 12 Name llow: H/homos	Other conditions
13. Birthplace Hellalians	
E Od D B.	(Include pregnancy within 3 months of death)
	Major fiadiage of operations.
E 15. Birthplace Redgleygy med	Date of op.
16. Informant Celliful Monios	Antopsy results.
Address TV Illa lines md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0' - 0 0 000	22. VIOLENCE: It death was due to external causes, till in the toilowing;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory the Company of	Where did injury occur?
10. The Hustoro	Injured at home, farm, industry, public place (where?)
Location A	Means of Injury Injured at work?
18. Funeral director Annual Milliant	1 = 576
Address / Salestery md	L/11150010 Level
1.10 - 7/1×04 -	23. SIGNATURE TO THE PROPERTY D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Dutos Date signed 18/47



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

CERTIFICATE OF DEATH

(14871) Reg. Diat. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Saraline	(For newborn infants give residence of mother)	
City or towa.	State County Carolie	**********
(If Sutside city or town limits, write RURAL and give nearest town)	City or town Denton	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town))
Hospital, institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war war ward ward	
3. (a) FULL NAME	3. (b) Social Security Number	
Clarence Franklin 3	ullock	
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	,
Ju W married	20. DATE OF DEATH. June 5 19 47 21 3/	b
milland Tatak Olimb	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	-1
6.(b) Name of huebond or wite	June 23 193 & 10 June 5 11	.4/
7. Birth data of F. G. (c) It alive, give age 3. years	and that I last saw h grow alive on from 05 11	47
deceased (mo., day, yr.) lugust 30, 1893		RATION
8. AGE: Yeare Months Days It less than one day	Coronary orclusion - 5h	
33 /9 5hrsmln.		
F Cali		
9. Birthplace	Oue to	
10. Usual occupation. Starekeeper		
	Due to	
11. Industry or business John Corony		
H 12. Name Charles H. Bullock	Other conditions much curry with	.,
13. Birthplace Delaware	(Include pregnancy within 3 months of death)	ルエ
# 14. Maiden name. Tarie Donoran	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
E 15. Birthplace Delaword	Date of op.	
16. Informant Mix Mildred Bullock	Autopsy results	
Address Penton m.d.	PHYSICIAN: Please underline the cause to which death should be charged statistically	7.
00.0 10 1 6 16114	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
(Burial, cremation, or removal, Which?) Date thereol Vice (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Deston	Whera did Injury occur?	
Location Denton Maryland	Injured at home, tarm, Industry, public place (where?)	
1 1/ it he has far	Means of Injury Injured at work?	
18. Funeral director	DI THE A	
Address Jento () hid.	23. SIGNATURE & auf / horth law	
19. (Date red by registrar) 1947 Fra D. G. Fred Belistrar	M. D. or other M. D. are there are signed / 6/8	47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Secoling	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State State County Carolers
(If outside elty or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Georgema Cloud	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The sound of	20. DATE OF DEATH. (June 9 19 47 21 11 8 11
6, (b) Name of Suestand or wife Verrel telangle Dec	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(c) If alive, give age years	1 tele 1945 to James 9 1947
T. Birth deta of	and that I last saw have alive on
deceeed (me., day, yr.) 8. AGE: Yeers Months Days If less than one day	Immediate cause of death
14 3 26 hrs. min.	
7, 10 +- 2 0 1	- Cardon Vanalogo Read
9. Birthplace (Town county, and state)	Due to Mario ascerva 34m
10. Usuat occupation. al Come	Due to
11. Industry or business	
12. Name Stern Desley Clare	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Elizabeth Smith 15. Birthplace Delaware	Major findings of operations.
\$ 15. Birthplace Defectore	Date of op.
16. Informant Mess Journes Clerifle	Antopsy results
Address Deuton . Vices.	22. VIOLENCE: If death was due to external causee, fill in the following:
11 Berriel Date thereof 6 - 13 - 47	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Win 414 (-1
Cemetery or crematory All State Communications of the Communication of t	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury talured at work?
Address // Deulau Mest.	23. SIGNATURE ALGUSTANO. Teorge
Very 11 w/2 & my Pind	M. D. or other
lighte ree'd by registrar)	Address Dulfu Date signed 7/0/4/

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cispecially important, Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

JUN 12 1947

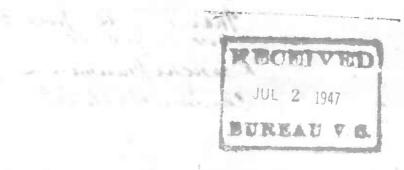
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	rles St., Battimore	04872
CERTIFICA	TE OF DEATH	Reg. Dist. No. 64
1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) †For newborn infants give residence	of mother)
City or town. Deuton - Rusal. (If outside city or town limits, write RURAL and give nearest town) Life How long in above place of death?	Slate Maryland City or town Denton - R (If outside city or town is	Couoly Couole Co
Hospital, Institution, or street address where death occurred: **Jean Howard's School***	Street No. Year Hon	varda School give LOCATION)
How long In hospital or Institution?	2.(a) It veleran, name war	
3. (a) FULL NAME Alice M. Dickerson		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced bidowed		CERTIFICATION 24 19 47 at 9 6
6.(b) Namo of husband or wite Arthur Russum 6.(c) If alive, give age year	21. 1 CERTIFY the death occurred on the date	above stated; that attended deceased from
7. Birth dato of deceased (mo., day, yr.) Fabruary 22, 1862 8. AGE: Years Months Days If less than one day 8. B5 4 2	Immediate Size of death Rosencho Pr	OURATI
9. Birthplace Caroline County Maryland [Town, county, and state]	Due to Chrossic M	ephritis ?
10. Usual occupation	Ouo to	
E 12. Name Charles Dickerson		
14. Maiden name Liggie Driggins	(Include pregnancy within	
2 15. Birthplace Cardina County, Waryland. 16. Informant Edward W. Dickerson	Aatopsy resalts	Date of op.
Address Denton Haugland R.F.D.	22 VIOLENCE: If death was due to external	
17. Burial Date thereof Aug. 27. 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory Saint Paul Caratery	Accident, suicide, or homicide	Oato of
Location Near Faderalsburg, Maryland	Injured at home, tarm, industry, public place	
18. Funeral director. J. J. Framptom and Son Address Zederalsburg Wangland	MI	Small MA)
19 Luc 26 1847 5.5, Frambton	23. SIGNATURE	and M.D. or ther 26

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) City or town... (If outside city or town limits, writs RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 2D. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 8.(b) Name of husband or wife 7. Right date of deceased (mo., day, yr.) DURATION Immediate cause of death Years Months It less than one day 8. AGE: 9. Birthplace 10. Usual occupation 11. Industry or business 13. Birtholace (Include pregnancy within 3 months of death) 14. Malden no. Major findings of operations...... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22, VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? Cemetery or crematory. (City or town) (County) Injured at home, farm, industry, public place (where?) Location Means of Injury 18. Funeral director

23. SIGNAFURE

PLAINLY, PLEASE WRITE

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information carefully of death clearly and

every item or meite the causes (

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ADING INK. Physicians: pl

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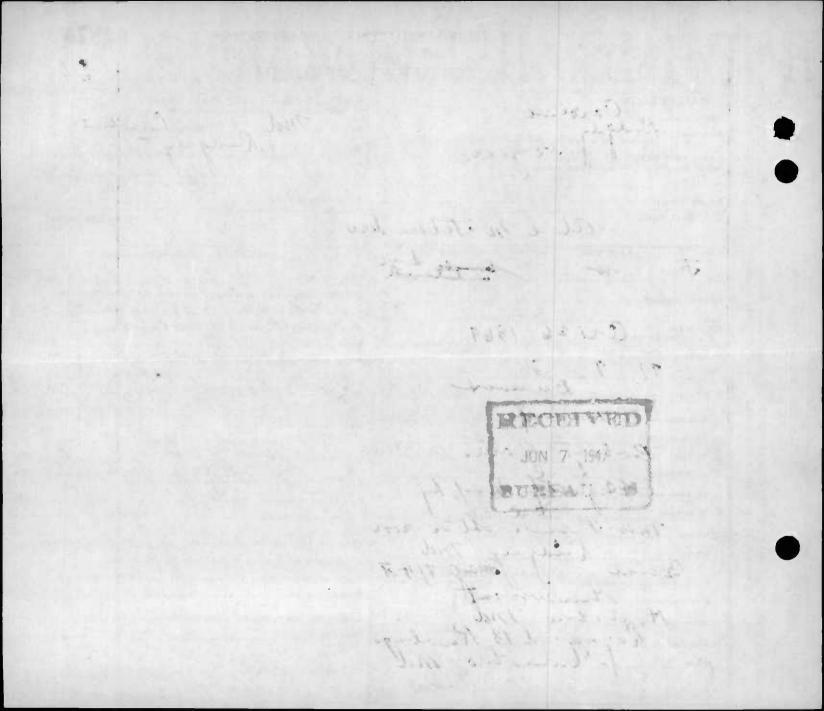
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town. (If outside of yor town limits, write RURAL and give nearest town) How long in above place of dead? Hospital, institution, or street address where death occyrred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infasts give residence of mother) State
3. (a) FULL NAME alice m. Felomode	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce states of the sex of t	2D. DATE DF DEATH. 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47., 10.
7. Birth date of deceased (mo., day, yr.) OCF 26. 1869 8. AGE: Years Months Days It less than one day hrs. min.	and that f last saw h R alive on 19#
9. Birthplace	Due to
12. Name Robert Carter Hounders 13. Birthplace Del. 14. Maiden name Elizabilis Murphy 15. Birthplace Del	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Miso Frank Steverson Address Ridgely Mid.	Autopsy results
(Burial, cremation, or removal, Which?) Une thereo (mogth) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Residence of Access by Marchings	Injured at home, farm, Industry, public place (where?) Misens of Injury Injured at work?
19/26 1 (Date rec'd by registrar) SD Wairs Registrar	Address Date signed Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

04875

CERTIFICATE OF DEATH

Reg. Dist. No.

- 4		
A	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
4	County Caroline	(For newborn infants give residence of mother)
1	City or town	State County County
	How long in above place of death? 5 Mays	City or town (If Justide city or town limited write RURAL and give nearest town)
1	Hospila pullution, or street address phase death occurred:	
	Slewart Storpilal,	Street No
	How long In hospital or institution?	2.(a) If veteran, name war.
1	3. (a) FULL NAME	3. (b) Social Security Number
	Shevester J. tog	well
	4. Sex 5. Colff or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Male White Wedowed	20 DATE OF DEATH June 30 19 47 21
	3000	21. I/DERIFY that death occurred on the date above stated; that I grended deceased from
	8.(b) Name of husband or wife	1011 agra 4/ 949 10 Selle 75 19 47
	7. Birth date of	and that I last saw bulled on Select Ros 19 4
	deceased (mo., day, yr.) / write 16, 1866	Inmediate cause of Acath. A. T. Dugation
	8. AGE: Years Months Days If less than one day	XIIIIII NOGINERLOGE
	85 3 14min.	3 - 71
	Mary and	Milhar Mer Ball
	9. Birthplace	Dueforman
	10. Usual occupation parmet	
	11. Industry or business	100 10.
		Dither conditions and Duelle
	12. Name Laurenza Fogevell 13. Birthplace Mary land	
	K Ca. A St. +	(Include pregnancy fithin 3 months of death)
	14. Maiden name.	Major findings of operations Alle
	\$ 15. Birthplace Maryland	Date of op.
	16 Interment Mrs. Early Comeques	Autopsy results.
	Address Liensboro Omd.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
	17/2/11/2	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or remay). Which?) Date thereof	Accident, suicide, or homicide.
	Cemetery or cremajory X Reenstoro	Where did injury occur? (City or town) (County) (State)
	A repair loss mol	Injured at home, farm, industry, public place (where?)
	Location	Means of louby
	18. Funeral directors R. D. Rawenas	Means of the same
	Address Treensloro Md.	Magnellan D. Decowas
	0.0.1 10 12 12 D	23. SIGNATURE M. D'or other
	(Data rec'd by registrar)	Address MUMA . Nel Date righted



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04876 Reg. Diet. No. 64

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary and County City or town County (if outside city or town timits, write RURAL and give neareat town) Strest No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Rosine Friend.	3. (b) Social Security Number
Female Colored S.(a) Single, married, widowed, or divorced Widowed. 6.(b) Name of huaband or wife Galarie Fried Fried years	MEDICAL CERTIFICATION 20. DATE OF DEATH 5.4 3.9 - 19.4.7 at 3.9 - 10.4 1 at lended daceased from 19.4.7 to 19.4.7 t
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeara Montha Daya It less than one day 93	Immediate cause of death DURATION Due to.
10. Usual occupation House work. 11. Industry or business Dwn horne 12. Name Solm Holliday 13. Birthplace Voyelestey Co. Md	Other conditions. Carculate Other conditions within 8 months of death)
14. Maiden name. Arrietta Brummer? 15. Birthplace Caroline Co Md 16. Informant. Corneria Somite Address Federal Brung Md. R. J. D 17. Burial Bate thetaof June 9" 1947	Major findings of operations
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Lederal Hill Cemeter or Crematory Lederal Hill Cemeter of Control	Where did injury occur?



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HIGHAL DESIDENCE (LICENCE) OF DECEASED.

04877 Reg. Diat. No...6...6...

CERTIFICATE OF DEATH

1. PLACE OF DEATH .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother)
City or town	State Md County Caroline
How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town
How long In hospital or institution?	2.(a) If veteran, name war. World War Ove
3. (a) FULL NAME Robert W. Saruer	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w. married	20, DATE OF DEATH June 11 19 47 at 4PM
6.(b) Namo of husband or wito. Elegebeth: 6.(c) If alive, give age 48 years	21. I CERTIFY that can be occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 9. 4. 1892	and that I last saw h. Long. alive on
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death Muse Muse Consolid Childre 2 Description 3 mo
9. Birthplace. Belivook Pa. (Town, coupty, and state)	Due to Phenometri Heart Deserve 20 700
10. Usual occupation	Duo to
11. Industry or business	
12. Name Edward Daniel 13. Birthplaco	Biher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Laura Cherry 15. Birthplace	Major findings of operations.
El 15. Birthplace	
16. Informant Mrs. Elizabeth Warrel	Antopsy results
Address flagily Mil.	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory At illacide	Where did Injury occur?
Location Pholodelphia Ta.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Ray syouth 13. Kuwlunge	Msans ot injury Injured at work?
Address drews bow md.	23. SIGNATURE ACOS & MINICO MINICOLOR
19. 6 2 19. 47 Dans, Registrar)	Address Date signed 6/12/47

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

County Co	<u>r</u>
How long in above place of death? Died on Walt To haston Hastita (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)	iown)
How long in hospital or institution?	
3. (a) FULL NAME 50 Rm Kukta. 5r. 3. (b) Social Security Number	ber
MEDICAL CERTIFICATION White, Single 20. Date of Death June 19.4.7. at 7	7°°P-1
6.(b) Name of husband or wife 21. I CERTIFY light death occurred on the date above stated: that I altended begased trom	rom 19. 47
7. Birth date of deceased (mo., day, yr.) FeS, 18th 19 H 2	19. 4. 7. DUATION
8. AGE: Years Months Days If less than one day 5 3 8	7 Kes
9. Birthplace Baltimore City - Md Due 10. Questiened SRUII a	, ans
1D. Usual occupation	
11. Industry or business 12. Name Sa Dther conditions	
13. Birthplace Tungaria (Include pregnancy within 3 months of death) Hajor findings of operations.	
2 15. Birthplace Battimore City, Nd. Date of op.	
16. Informant Mas John Kulta Sa, Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistical physicians.	tically.
Date thereof Date thereof Date thereof Date of Dat	/47d.
Location Secretary, Maryland Injured at home, farm, industry, public place (where?) Home	
18. Funeral director 5.5 Frank at tom 2507 Means of injury WIT by Truck Injured at work? No Address Federal Surva Md	en O
19. Same 18" 1947 5.5. Fram pton. Registrar Registrar Address de de la Bate signed 6	16/4-

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	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible
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VS A15 9.45.15M	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 60
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex . 5. Color or race 6. (a) Single, married, widowed, or divorced	Nay 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Diclowed	MEDICAL CERTIFICATION 20. DATE OF DEATH June 15 10 47 21 555
6.(b) Name of husband or wife 6.(c) If alive, give age years	21. I CERTIFY that region to coursed on the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from 19. 7. 21. I CERTIFY that region to the date above stated; that attended deceased from the date above stated; that attended deceased from the date above stated in the date attended to the date attende
8. AGE: Years Months Days It less than one day O 17hrs. min.	Immediate cause of death Chole Ceptalix 1 was
9. Birthplace Harrington (Tor), eounty, and atate) 10. Usual occupation Herrington	Due to Chole Cittura co (2)
11. Industry or business 12. Name Williams Lewis	Dither conditions.
13. Birthplace 14. Maiden name Hussiah Ross 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant E. mma Matthews	Autopsy results
Address 1005 G. 127. Well. 17. Burials Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Leave & Telephone	Where did Injury occur?
18. Funeral director Pregnand 13. Rawlings Address Regnis los mel.	23. SIGNATURE Clearly X Foreston by
19. G/8 (Data rec'd by registrar) 19. G Amuth Registrar	Address Freews bow Med Date signed Liters

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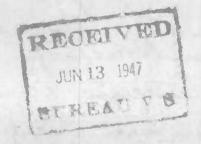
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04880 Reg. Diat. No. 6 6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Docume	For pewborn infantagive residence of mother)
City or town	State County Caroline
(If outside city or town himse, write RURAL and give nearest town)	City or town(It outside city or town limits write BORAL and give nearest town)
How long in above place of death	(If outside city or town limits) write ICEAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
10 mma 6.1	rate 215-20-2267
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
h Col Marrial	0 7 1/7 2/24
e. Tuc. Madales	20. DATE OF DEATH June 7 19.47, 21. 340A.M.
6,(b) Name of husband or wife Ceneral gratt	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	5-2 1947, 10 6-7 1947
7. Birth date of	and that I last saw here alive on the 6 1947
deceased (mo., day, yr.) Nec. 15 - 1876	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	My nardial montpain 3 mos.
50 5 23hrsmin.	
· Richalder Fruitland Wycomico Mel.	anterior description of the second
9. Birthplace . Turifficand of Connect Mist.	Que to.
10. Usual occupation Nousesuffer	***************************************
//	Due to
11. Industry or business	
12. Name William Walanus 13. Birthotace No Record	Dther conditions
\$ 13. Birtholace No Record	(Include pregnancy within 3 months of death)
# 14. Maiden name Lina Morriss	
	Major findings of operations.
2 15. Birthplace Maryland	Date of op.
16. Informant Namuel Pratt	Aninpsy results.
Address Kridgely Md.	PHYSICIAN: Please underline the cause in which death should be charged statistically.
12:01 1 1/10/1/9	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
0 11/1 1/2 2	Where did injury occur?
Cemetery or cramatory	
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Marineral B. Kawlings	Means of Injury Injured at work?
- Aread Donas Mach	(h Next-120
Address Megns Word.	23. SIGNATURE LABORGE Allame Mit
10 6/9 147 2 Davis	M. D. or other
19. (Date sec'd by registrar) Registrar	Address Date signed 9/1/1/



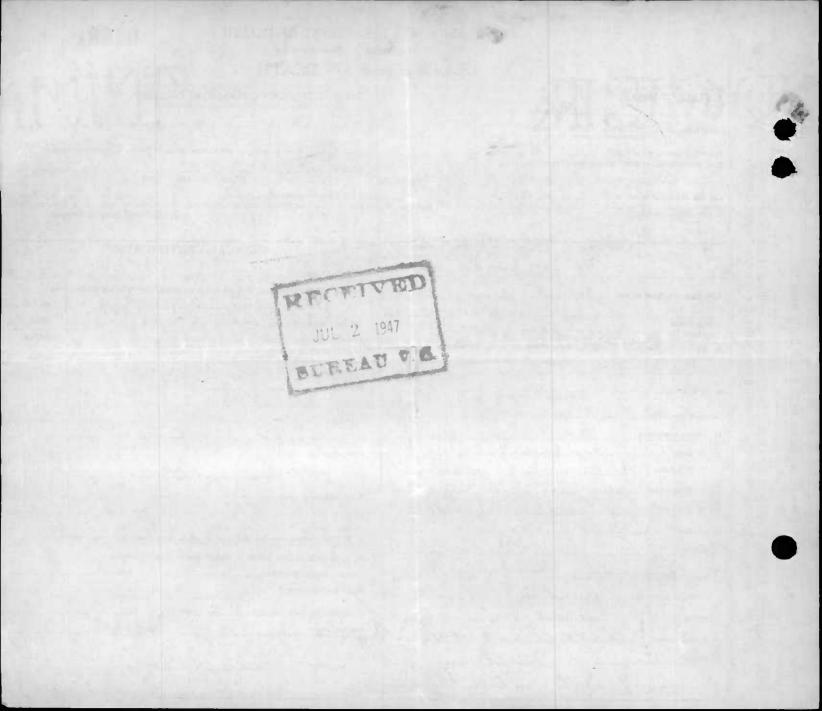
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 04881 Reg. Diat. No. 6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	m 0 0 C.0.
City or towa. (If outside city or town limits, write RURAL and give nearest town)	111
How long in above place of death?	City or town
Hospital, inetitution, or street address where death occurred:	Street No.
Stewart Jursing Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ara Sued Prettyman	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
f w widowed	20. DATE OF DEATH June 27 19 47 218 A
8. (b) Name of hueband or wife Sules Restlegues V	21. I CERTIFII that death occurred on the dete above etated; that I pitended decreased from
	Jaw 2 1047, 10 June 27 1847
7. Birth date of	and that Past early had allye on Should 26 1847
decessed (ma., day, yr.) Tet. 23 1863	Immediate cause of death
8. AGE: Yeare Months Days If less than one day	
84 5 4min.	arteus Dalussis 690
	Due to
9. Birthplace	bue to
10. Usual occupation domerifo	***************************************
TU. USUAL DECOMPTION	Oue to
11. Industry or business	
12. Name Safthy Granfithy	Other conditions
13. Birtholace Hutter / X splane	(Include pregnancy within 3 months of death)
14. Maiden name Mary alingafethe Dukey	Major findings of operations.
15. Birthplace Castline Congrety	Date of op.
16. Informant Clew Existith f	Antopsy results.
Address Bd. Grelesborn, Tuel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AUDICE.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cromation, or removal. Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Della Land	Where did injury occur? (City or town) (County) (State)
Location Decetion IIId	Injured at home, tarm, Industry, public place (where?)
18. Funeral director As Using il Mann 40	Meege of Injury Injured at work?
1 10	A
Address Dellan	23. SIGNATURE HUSON D. TLOUGE
1 19 117 Smu D.	M. D. or other
(Dato ree'd by registrar)	Addrese Date signed 728/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04882 Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Caroline	(For newborn infants give residence of mother)
City or lowe Deutan Zud	State County County
City or towa	City or town Deulan Markoud
How long in above place of death?	City or town
Hospital, institution, or street addrees where death occurred:	Street No.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If rural, give LOCATION)
How long in hospital or institution?	2)(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mobile Heaveley	will
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jr. 78. manuel	2D. DATE DF DEATH. Grant 16 1947, 21 1/A
6/ 1/ 1/	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(b) Name of hysband or wife	march 23 19.30, 10 June 16 1947
6.(c) If alive, give age 60 years	0 111
7. Birth date of deceased (mo., dey, yr.) Thod's 19" 1887	and that t last saw h
	Immediais cause of death
59 / 33	Chebral personleage 5-lions
hrsmin.	U
Mearl Deutain	Que to Hypertension - 9 years
9. Birthplace Town, county, and state)	00010
10. Usual occupation at trace	
	Due to
11. Industry or bueiness	
12. Name John Heavely	Other conditions Merons Cirebral pleumbage
13. Birthplace / / Zeearey Could	lest rided herin plyia July 2 - 1999
	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations
HE HE 14. Maiden name Sayaha Jakeses 1. 15. Birthplace Vinning	Date of op.
Sur Tul al Durith	Aotopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Ventan, Ruge	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Buriel Date thereof 6-20-14	
(Burial, cremstion, or remo al. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory for Seulaw Carrelletes	Where did injury occur?
Location a Desetaw - Tred.	tnjured at home, farm, Industry, public place (where?)
(pr) 211 / a	Maane of Injury Injured at work?
18. Funeral director	· / / / /
Address / Declace, all!	- and mous MA
1/20 100 2009006	23. SIGNATURE M. D. or other
19. (Date Gold by societary) 19 (Registral)	Address Al endon Web pale signed 6/20/4/

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

VS A15

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JUN 24 1947

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			1	2	-
D.	Diat.	BI.	6		
Keg.	Dist.	INO.	 	 	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Istel County Caroline
City or town	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veterah, name war
3. (a) FULL NAME. Lebecca (Aslews	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Nama oranghand or will the Daller Sparklin	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of	1 / / / / / / / / / / / / / / / / / / /
7. Birth date of decessed (mo., day, yr.) Jaw. July 866	and that I last saw R. T. alive on J. Immediaiu cause of death DURATION
8. AGE: Yeara Montys Days If less than one day	Interest (title of data)
hrs. min.	Peder Mascular Russ Win a
9. Birthplace (Zown, county, and state)	Que to June Durante June 1975
10. Usual occupation. Al Liberth	Due to
11. Industry or business	
12. Name Town Sugar	Diher conditions
13. Birthplace	(Include pregnancy within 3 months of death)
HE 14. Malden name beliga bajerra. 15. Birthplace Seaford. Oll.	Major findings of operations.
∑ 15. Birthplace	Date of op.
16. Informant. Darle Communication of the communica	Antopsy results
Address Delilon - Mill.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory	Where did Injury occur?
Location A Deutseig. Fixel	Injured at home, farm, industry, public place (where?)
18. Funeral director J. Zliegil Hardon	Means of injury Injured at work?
Address Deulaw. Mg	23. SIGNATURA ACCUSSON O TEORGE
19. (C) 20 1947 Ind Q Juny (C) Reported	Address Distance Date signed 20/47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The observably important. Physicians: please write the causes of death clearly and legibly.

correct age

WRITE

PLEASE

JUN 24 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106 8-

CERTIFICATE OF DEATH

04884 Reg. Diat. No. 66

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county (1) latolesse	(For newborn infants give residence of mother)
City or town Radgely	State Carefand County
(If outside either town limits, write RUHAL and give nearest town)	City or town
How long in above place of death?	City or town
Nospitali, ilistitution, of street assets where assets	Street No
How long In hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	
S.(a) FOLL KAME	3. (b) Social Security Number
Marlie Stan	ford
4. Sex 5. Color or race 6.(2) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. Cot. Widowed	20. DATE OF DEATH June 1 19 47 at 6 3.5 A.
Touris	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	1919
7. Birth date of 2 2 1 2 2	and that I last saw halive on
deceased (mo., day, yr.) // Lay & 1, 18/3	Immediais cause ol death
8. AGE: Years Months Days It less than one day	
74.00 5min.	
Tree MA Dross Caroline no	1. Oue to Tulmonary Hemorrhage Jackmat
9. Birthplace	
to. Usuat occupation. Aversew fee	Que to ken determent -
11. Industry or business	Chronic branchitia
	Other conditions (7/23/47 also)
12. Name Tremas Cilson 13. Birthplace Treenstore, md.	
	(Include pregnancy within 3 months of death)
14. Malden name Trecinda Black 15. Birthplan-Treenstoro, Vnd.	Major findings nl nperations.
\$ 15. Birthgla Truensvoro, Vru.	Date of op.
18 Interment Mrs. Viola Thomas	Autopsy results
Address Richards. Mcl.	PHYSICIAN: Please underline the cause to which death shund he charged statistically.
13.21/12	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Misch?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Coppers	Where did injury occur? (City or town) (County) (State)
MADDIOY BOOMA PARA MA	
Location Location	
18. Funeral director Raymond 13. Kawlings.	Means of Injury Injured at work?
Address X Silo MA Drema Mall	Muson X Land
0.40	23. SIGNATURY M. D. or other
Ween 3 1947 A Navis.	Address Baton Date signed 6/2/47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The of sespecially important, Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

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JUN 4 1947 BUREAU V B.

CERTIFICA	TE OF DEATH Reg. Diat. No. 62
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residenes of mother)
County	2. applicant
(If outside eity or town limits, write RURAL and give nearest town)	State County Alster
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	\ \(\fill Z(\alpha) \) If veteran, name war
3. (a) FULL NAME Jeleus Fleure	3. (b) Social Security Number
4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorsed	MEDICAL CERTIFICATION
M. M. Willaul	20. DATE OF DEATH LESSE 2 4 19 47, 21 3 P
Maria Lall	21. I CERTIFY that death occurred on the date above stated; that attended dacessed from
6.(b) Name of husband or wife.	June 20 1847 to June 24 1847
7, Birth date of	and that I lest saw h 12 alive on There 2 4 184.7
decessed (mo., day, yr.) May 5/892	Immedian cause of death DURATION
8. AGE: Yesra Months Days If less than one day	4
3.5 // /Ohrsmin	Jun Shat Wound to head Sudden
9. Birthologe Ballo Cetter	Due to.
(Town, county, and state)	
10. Usual occupation	Due Chronic alcoholismo 5 gras
11. lodustry or business	
# 12. Name Carple Duneletield	Other conditions
12. Name Setward 18. Birthplaco	
14. Maiden name Luce ret Loof	(Include pregnancy within 3 months of death)
14. Maiden name Clear gret Log	Major fiediogs of operations
2 15. Birthplace	Date of op.
16. Informant All Command All	Actopsy results
Address (Aballo. Well.	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Buried Date thereof 6 - 26 J4	Accident, suicide, or homicide. Deficial Date of 6/24/47
(Burial, eremation, or remover. Which?) (mapth) (day) (year)	Where did injury occur? Bulan Caroline Ind.
Cemetery or cromatory	(City or town) (County) (State)
Location Develope: Mill.	Injuyed at home, fagin, industry, public place (where?)
18. Funeral director L. Thingil Moore	Mans of Injury Jun Shot Would Injured at work?
	1. 44
Address // deressing	23. SIGNATURE AMUSSON D Seonge
19 6/26 1947 mad Jung.	Wifuty medical reason. D. or other
(Date red d by registrar) Registra	Address Date signed 47 74/4/

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

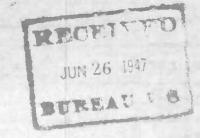
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04886 Reg. Diat. No. **6 6**

County Caroline	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Carrier		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No.		
	(If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Baby Boy Thomas	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Col	20. DATE DE DEATH 2.3 19 47, at 9:05 Pm		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	21. I CERTIFI That death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h.h.m. alive on		
deceased (mo., day, yr.) June 23, 1947	Immediate caose of death DURATION		
8. AGE: Years Months Days If less than one day	Immediate Case of death		
hrs	Cremature Burtle - ms		
9. Birthplace Redaely Caroline Co. Md.	Due to.		
(Town; county, and state)			
1D. Usual occupation.	Due to.		
11. Industry or business			
12. Name Olily Thomas	Dther conditions		
12. Name Olly Thomas 13. Birthplace Redaely Caroline Co.			
SI (Till)	(Include pregnancy within 8 months of death)		
14. Malden name	Major findings of operations.		
\$ 15. Birthplace Ingleside d.a. Ma,	Date of op		
16. Informant	Autopsy results.		
Address Ridgely Ind.	PHYSICIAN: Please noderline the caose to which death shoold be charged statistically.		
17 Rurial Date thereof June 24 1949	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Assuman For	Where did injury occur?		
Location hear Redgely	Injured at home, farm, industry, public place (where?)		
18. Funeral director. E. Louis Thomas	Means of injury injured at work?		
0111	9 1/14		
Address Rickely mg	23. SIGNATURE ALOGICAL MANAGEMENT OF THE SIGNATU		
19 6/24 18 x 7 / D Nave	M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Date signed 524 4		

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

04887

CERTIFICATE OF DEATH

Reg. Dist. No. 6 6

City or town (If ontside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in above place of death?	City or town (If outside city or town mits, write RURAL and give nearest town) Streef No.		
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) if veleran, name war		
3. (a) FULL NAME Baby Girl Thomas	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced 5.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH		
7. Birth date of deceased (mo., day, yr.) Lune 24, 1947	and that I last saw h.S		
8. AGE: Years Months Days tf less than one day	Due to.		
10. Usual occupation 11. Industry or business 12. Name	Due fo		
14. Malden name Angleside 2. A Mal	(Include pregnancy within 8 months of death) Major findings of operations		
Address Pragely MA	Autopsy results		
17. (Burial, cremation, or removal, Whieh?) Cemetery or crematory. Location. Record Red 24, 1947 (month) (day) (year) Location. Record Red 24, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, flit in the following; Accident, suicide, or homicide		
18. Funerat director. Seminary Thomas Address Redgelo Ind 19. (Date rec'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed 22557		

JUN 26 1947
BUREAU V B

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04888

		Reg. Dist. No	D6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF CFOR newborn infants give residence of State	mother)	-e.
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town	2	nearest town)
How long in hospital or institution?	(If rural, give	LOCATION)	••••••
3. (a) FULL NAME	mas/	3. (b) Social Securit	y Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CE 20. DATE OF DEATH	RTIFICATION 75 194	7.8150
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date about	e stated; that I attended de	ceased from
7. Birth date of deceased (mo., day, yr.) Selot 11 - 18 86	and that I last saw hallye on		
8. AGE: Years Months Days It less than one day	Immediate cause of death		DURATION
9. Birthplace fuce Unne Co	Due to Chiania Mison	tis usetis	6 mos
(Town) county, and state)		••••••	140.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000
11. Industry or business	Due to.		
12. Rame Alaman Shows	Other conditions Office State Office		***************************************
14. Maiden name Janary Jones 15. Birthplace Akken Ame Co	Major findings of operations		
16. Informant May & Mande Ilones	Autopsy results		
Address Pringely my	PHYStCIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external caus		d statistically.
(Burial, cremation, or removal. Writch?) Date thereol (month) (day) (year)	Accident, suicide, or homicide		*************
Location Checker Services	Where did injury occur?(City or town) Injured at home, farm, industry, public place (whe		(State)
18. Funeral director	Meens of Injury	tnjured at work?	
Address Church fell mg	23. SIGNATURY PRINTED STEE	mage M.D	on other
(Date rec'd by registrar)	Address Jone 37 Din	Date signed	1. 19 71 4

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JUN 30 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEPTIFICATE OF DEATH

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CERTIFICAT	Reg. Diat. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and five nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Clara Prattis Tiggs	man. 3. (b) Social Security Number None
4. Sex Fernale Coloror race (8.(a) Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE DE DEATH. 520 5 P. 19 H.7. 21.5 P.
6.(b) Name of husband or wife Thomas Tillman 6.(c) If alive, give age years 7. Birth date of These of the second (no. day yr.) 7. Sign the second (no. day yr.)	21. I GERTLY that death occurred on the date above stated: that nattended deceased from 1947. to 1949. and that I last say have alive on 1949.
8. AGE: Years Months Days If less than one day 78 H hrs. min. 9. Birthplace Federal Pring Caroline Co. Nd. (Town, county, and state) 10. Usual occupation. Louise Work.	Dura plefid 11. Class Due to 1-2. 453
12. Name Soloman Prattis 13. Birthplace Coroline Co. Md 14. Maiden name Margaret Chase 15. Birthplace Caroline Co. Md	Other conditions (Include pregnancy within 3 months of death) Major findings of sperations. Date of op.
16. Informant Mary Essen Brunness Address Federalsburg Md 17. Burial Date thereof Tune 10" 1947 (Burial, cremation, or removal, Which?)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Illi in the following: Accident, suicide, or homicide
Cemetery or crematory Federical Hill Cenneterry Location Federical Hill Cenneterry 18. Funeral director 5.5. Fram Storm & Som Address Federical Stora Md.	Where did injury occur?
Address Feder Statung Ma. 19. Sune 7" (Date rec'd by registrar) Registrar	23. SIGNATURE Address 200 Love Date signed 17.47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

orrect age

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County Calant	June Card Calaline
City or town(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death? 12 923	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 19-11. 31 ST.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
In Beal Jane	1 Zune
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /
7/008	0 = 4
T. Colored	20. DATE OF DEATH JAMES LOJ 194 2 2 16 M
6.(6) Name of husband or wife. Elizahe Transform	21. I CERTIFF that death occurred on the date above stated; that I attended deceased from
	Dest 12/ 19 40 Sime 10 1947
7. Birth date of	and thet I last saw hold alive on walled a 19.4.
	Immediate state of death DURATION
20 1 1	Olishoral Visitability 14 Adj
/8 22 p hrsmin.	
9. Birthplace Balto, Co. Seel.	Due to MI Placension
(Town, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Ella Balto, Co. Hsl.	Other conditions
13. Birthplace Balto, Co. 4st.	(Include pregnancy within 3 months of death)
14. Maiden name Unfrown 15. Birthplace //	
US 15 Birthplace //	Major findings of operations.
	Date of op.
16. Informant Clause To Corner	Antopsy results
Address 119 - R. J. St. Dantos Work	
17 Burel Date thereo June 24 46.	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Allewand Tul.	Where did injury occur?
Location Caroline Co.	Injured at home, farm, industry, public place (where?)
l'a sorthance	Means of Injury 1 C P injured at work?
18. Funeral directo	1114 11.2.
Address Easton M	or constitute / / Small // 100
6/23 MT h 10 Freds	23. SIGNATURE: M. D. or other M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed this 20,199



to the same in

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Caroline	
(If outside city or town limits, write RURAL and give nearest town)	state Maryland county Carcoline
(If outside city or town limits, write RURAL and give nearest town)	City or town Preston - Rurar -
ow long in above place of death? 27- year:	(If outside city or town limits, write RURAL and give nearest town)
lospital, Institution, or street address where death occubed:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elizabeth When	ever
1, Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale Colored Married.	20. DATE OF DEATH. Sune 20 19.47, 217 30
6. (b) Name of husband or wife Grorge Wheeler	
6.(b) Name of husband or wife Vebrae OVILER	May 2 1847 10 June 20 196
6.(c) If alive, give age	rears and that I last saw h.e. X. alive on 6 20
7. Birth dale of deceased (mo., day, yr.) May 12, 1889	
8. AGE: Years Months Days If less than one day	Chenic my ocardis 500
9. Birthplace. Drundle County, Maryland	2 Due to
(Town, county, and state)	
10. Usual occupation House-work	Due to
11. Industry or business Dum home	
FI . J .	
	(Include pregnancy within 3 months of death)
14. Maiden name No information 15. Birthplace No information	
15. Birthplace No information	Major findings of operations
	Date of op.
16. Informant George Wheeler	Actorsy resolts
Address Preston, Marylana	
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory galage Cemetery	Where did injury occur?
0 0 0 0	
Location Near Preston Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director 5. 5 Fram Otom , Son,	Means of Injury Injured at work?
	1 / 10 A / 100
Address Federalsburg, Maryland	23 SIGNATURE Traple &M. Candarson la
10 June 23 10 47 C. D. Plummer	14 D - 4-AL L
19. (Defe rec'd by registrar) Regist	trar Address Date signed 5/2

BINDING FOR RESERVED MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It especially important, Physicians: please write the causes of death clearly and legil

PLEASE WRITE

SA



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrective is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04892 Reg. Dist. No. 10.H

CERTIFICATE OF DEATH

1. PLACE OF DE	Ca	roline	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)	
City or town(1f o	Federal	sburg, h.d. mits, write RURAL and give nearest town) 12 years.	State Maryland County Caroline City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	death occurred:	Street No		
How long in hospital or	r institution?		2.(a) It veteran, name war		
3. (a) FULL NAM		lie Anna Wright	Low-St. Total Vision	3. (b) Social Security 1 199-03-	Number -9276
4. Sex Female	S. Color or race White	6.(a)Single, married, widowed, or divorced Widowed		RTIFICATION 8th. 19 47	6-20A-
S. (b) Name of husband T. Birth date of deceased (mo., day,)	Feb.	hn Albert Wright 6.(c) It alive, give ageyears 1880	21. I CERTIFY that death occurred on the date above	ne IX	18 1947 1947
8. AGE: Years 67		Days It less than one day 22hrsmin.	LVDA		
9. Birthplace	Hou.	mpton Co Virginia. county, and state) Se-Work Own home	Due to		
11. Industry or busines 12. Name	S	ert J. Quillen, England.	Other conditions		
14. Maiden name.	W.	elle Hickman, Virginia. Carl Wright,	(Include pregnancy within 3 m	Date of op	
16. intermant		alsburg, Md.	PHYSICIAN: Please underline the cause to whi	ich death should be charged	statistically.
17Bur (Burial, cremation	cial n, or removal, Which Zio	Date thereof June 21" 1947 (month) (day) (year) n Cemetery,	22, VIOLENCE: It death was due to external caus Accident, suicide, or homicide	Date ot	
Location	J.J.	illiamsburg, Md. Framptom & Son,	Injured at home, farm, Industry, public place (who	ere?)	. 0
19. June (Date rec'd by re	20" 1947	eralsburg, Md.	23. SIGNATURE COUNTY M.	M. D. o	0 'C)

